UTILITY PATENT APPLICATION				ATTORNEY DOCKET 85502KNM		
TRANSMITTAL UNDER 37 CFR 1.53(b)				Customer No. 01333		
To: Commissioner for Patents				Express Mail Label No.		
P.O. Box 1450						
Alexandria, VA. 22313-1450			EV293528637US			
VELLOW LOW ELHORESCENCE DVE FOR			EOD	Data M	ovember 14,2003	
YELLOW LOW FLUORESCENCE DYE FOR				Date: 11	0001.000	
COATED OPTICAL BEAD RANDOM ARRAY				·		
DNA ANALYSIS				Ó		
First Named Inventor (or Application Identifier):					3246	
Krishnan Chari, et al					548 0/71	
Enclosed are:						
1. X Specification				6. X	Assignment of the invention to	
<u></u> .				Eastman Kodak Company		
2. 3 Sheet(s) of drawing(s)				7.	Certified copy of a priority	
3. X Information Disclosure Statement Under 37 CFR 1.97.				8.	Associate Power of Attorney	
4. Combined Declaration for Patent Application and Power of Attorney:						
4a. X New						
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)						
5. Incorporation by Reference (useable if Box 4b is				9.	Deletion of Inventor(s).	
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) nar						
which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and						
is considered as being part of the disclosure of the accompanying 1.33(b).						
application and is hereby incorporated by reference therein.						
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,						
after the title, by inserting the following:						
CROSS REFERENCE TO RELATED APPLICATION						
Reference is made to and priority claimed from U.S. Provisional Application Serial No., filed, entitled.						
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:						
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:						
12. X Please address all written communications to Paul A. Leipold, Patent Legal Staff,						
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.						
Please Direct all tele	ephone ca	alls to Kathl	leen Neuner M	Ianne at 585-72	2-9225.	
The filing fee has been calculate	ted as sho	own below:				
FOR:	NO.	FILED	NO. EXTRA	A RATE	FEE	
BASIC FEE					\$ 770	
TOTAL CLAIMS	34	- 20 =	14	x 18 =	\$ 252	
INDEPENDENT CLAIMS	4	- 3 =	1	x 86 =	\$ 86	
MULTIPLE DEPENDEN	<u>JT CLAI</u>	M PRESEN	TED	+ 29		
				TOT	AL \$ 1108	
X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 1108						
A duplicate copy of this sheet is enclosed						
X The Commissioner is hereby authorized to charge any additional filing fees required under						
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .						
A duplicate copy of this sheet is encl.						
Mathleen Neum Mass						
				orney for Applicants		
Telephone: 585-722-922:			sistration No. 40101			
Facsimile: 585-477-1148						